

**IN THE SUPERIOR COURT OF BIBB COUNTY
STATE OF GEORGIA**

	)	
	)	
Plaintiff,	)	
	)	
v.	)	Civil Action File No.: _____
	)	
	)	
	)	
Defendant	)	
	)	

COMPLAINT FOR DIVORCE

Plaintiff, _____, comes before this Court and shows this Court the following:

1.

Plaintiff is a resident of _____ County, Georgia, and has been a resident of Georgia for at least six months prior to the filing of this action.

2.

Defendant is a resident of _____ County, Georgia.

3.

Plaintiff and Defendant were lawfully married on _____.

4.

Plaintiff and Defendant separated on _____ and have remained in a bona fide state of separation since that date.

5.

There are _____ minor children born of the marriage.

6.

Plaintiff is entitled to a divorce upon the statutory grounds that the marriage is irretrievable broken and there is no hope of reconciliation. O.C.G.A. § 19-5-3(13) and _____.

WHEREFORE, Plaintiff respectfully requests:

- a) That the parties herein be totally divorced;
- b) That Plaintiff be awarded the following:
 - ☐ equitable division of marital property;
 - ☐ alimony.
- c) The Plaintiff's name be restored to _____.
- d) That the Plaintiff have such other and further relief as this Court deems equitable and just.

Respectfully submitted, this _____ day of _____, 20____.

Plaintiff Pro Se

STATE OF GEORGIA

COUNTY OF BIBB

VERIFICATION

Personally appeared before the undersigned officer authorizes by law to administer oaths, the deponent herein, who, an oath, deposes and says that the facts contained in the foregoing document are true and correct.

PLAINTIFF

Sworn to and subscribed before me

this ____ day of _____, 20____.

Notary Public

AFFIDAVIT FOR PERSON FILING CASE WITH NO ATTORNEY
(All questions must be answered.)

Plaintiff

vs.

Civil Action No. _____

Defendant

PERSONALLY appeared before me the undersigned officer, _____
(Affiant)

who after being duly sworn deposes and states under oath the following:

- (1) That affiant has this date filed a suit for divorce or other complaint in this County and does not have an attorney at law representing affiant.
- (2) (a) Affiant further states that the following person prepared the Complaint and/or other papers.

Name of Person (and business name) who prepared papers

Address of such person and business

Telephone number of such person and business

- (b) Affiant state that said person who prepared the paper (was/was not) paid to prepare the papers. The total amount paid \$_____.
- (3) Affiant further states that there (is/is not) any further money due anyone for assisting in the preparation of said papers. If affiant owes money to the preparer the amount is \$_____.
- (4) Affiant has not paid or given anyone any other consideration of money for helping in preparing the paper, except the following, _____.
- (5) Did the preparer of the papers tell you what information, or give you advice regarding the information to put in any of your paper? (YES / NO)
- (6) Did the preparer give you any advice about how to file your papers? (YES / NO)
- (7) Did the preparer give you any advice about how to present your case to the judge? (YES / NO)
- (8) Are you willing to discuss this matter with a State Bar or Georgia investigator? (YES / NO)

I have answered all the about questions truthfully, under criminal penalties of perjury.

Sworn to and subscribed before me
this _____ day of _____, 20____.

Affiant

Address

Notary Public

My Commission Expires _____

City State Zip

Phone No. (required): _____

SUPERIOR COURT OF BIBB COUNTY
PARTIES INFORMATION SHEET
TO BE FILED WITH COMPLAINT/PETITION

Plaintiff's Contact Information:

Plaintiff's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Defendant's Contact Information:

Defendant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____

Cell Phone Number: _____

Email Address: _____

General Civil and Domestic Relations Case Filing Information Form

☐ Superior or ☐ State Court of _____ County

For Clerk Use Only

Date Filed _____
MM-DD-YYYY

Case Number _____

Plaintiff(s)

Last	First	Middle I.	Suffix	Prefix
____	____	____	____	____
____	____	____	____	____
____	____	____	____	____
____	____	____	____	____

Defendant(s)

Last	First	Middle I.	Suffix	Prefix
____	____	____	____	____
____	____	____	____	____
____	____	____	____	____
____	____	____	____	____

Plaintiff's Attorney _____

Bar Number _____

Self-Represented ☐

Check One Case Type in One Box

General Civil Cases

- ☐ Automobile Tort
- ☐ Civil Appeal
- ☐ Contract
- ☐ Garnishment
- ☐ General Tort
- ☐ Habeas Corpus
- ☐ Injunction/Mandamus/Other Writ
- ☐ Landlord/Tenant
- ☐ Medical Malpractice Tort
- ☐ Product Liability Tort
- ☐ Real Property
- ☐ Restraining Petition
- ☐ Other General Civil

Domestic Relations Cases

- ☐ Adoption
- ☐ Dissolution/Divorce/Separate Maintenance
- ☐ Family Violence Petition
- ☐ Paternity/Legitimation
- ☐ Support – IV-D
- ☐ Support – Private (non-IV-D)
- ☐ Other Domestic Relations

Post-Judgment – Check One Case Type

- ☐ Contempt
 - ☐ Non-payment of child support, medical support, or alimony
- ☐ Modification
- ☐ Other/Administrative

- ☐ Check if the action is related to another action(s) pending or previously pending in this court involving some or all of the same parties, subject matter, or factual issues. If so, provide a case number for each.

Case Number

Case Number

- ☐ I hereby certify that the documents in this filing, including attachments and exhibits, satisfy the requirements for redaction of personal or confidential information in O.C.G.A. § 9-11-7.1.

- ☐ Is an interpreter needed in this case? If so, provide the language(s) required. _____
Language(s) Required

- ☐ Do you or your client need any disability accommodations? If so, please describe the accommodation request.

**IN THE SUPERIOR COURT OF BIBB COUNTY
STATE OF GEORGIA**

Plaintiff

v.

Civil Action No. _____

Defendant

DOMESTIC RELATIONS FINANCIAL AFFIDAVIT OF PLAINTIFF

1. AFFIANT'S NAME: _____ Age _____

Spouse's Name: _____ Age _____

Date of Marriage: _____ Date of Separation _____

Names and year of birth of children for whom support is to be determined in this action:

Name	Year of Birth	Resides with
------	---------------	--------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

Names and year of birth of affiant's other children:

Name	Year of Birth	Resides with
------	---------------	--------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

2. SUMMARY OF AFFIANT'S INCOME AND NEEDS

(a) Gross monthly income (from item 3A) \$ _____

(b) Net monthly income (from item 3B) _____

(c) Average monthly expenses (item 5A) \$ _____

Monthly payments to creditors + _____

Total monthly expenses and payments
to creditors (item 5C)

3. AFFIANT'S GROSS MONTHLY INCOME (complete this section or attach Child Support
Schedule A)

(All income must be entered based on monthly average regardless of date of receipt.)

Salary or Wages \$ _____

ATTACH COPIES OF 2 MOST RECENT WAGE STATEMENTS

Commissions, Fees, Tips \$ _____

Income from self-employment, partnership, close corporations,
and independent contracts (gross receipts minus ordinary
and necessary expenses required to produce income)

ATTACH SHEET ITEMIZING YOUR CALCULATIONS \$ _____

Rental Income (gross receipts minus ordinary and
necessary expenses required to produce income)

ATTACH SHEET ITEMIZING YOUR CALCULATIONS \$ _____

Bonuses \$ _____

Overtime Payments \$ _____

Severance Pay \$ _____

Recurring Income from Pensions or Retirement Plans \$ _____

Interest and Dividends \$ _____

Trust Income \$ _____

Income from Annuities \$ _____

Capital Gains \$ _____

Social Security Disability or Retirement Benefits \$ _____

Workers' Compensation Benefits \$ _____

Unemployment Benefits \$ _____

Judgments from Personal Injury or Other Civil Cases \$ _____

Gifts (cash or other gifts that can be converted to cash) \$ _____

Prizes/Lottery Winnings \$ _____

Alimony and Maintenance From Persons Not in This Case \$ _____

Assets Which are Used for Support of Family \$ _____

Fringe Benefits (if significantly reduce living expenses) \$ _____

Any Other Income (do NOT include means-tested public assistance, such as TANF or food stamps) \$ _____

GROSS MONTHLY INCOME \$ _____

B. Affiant's Net Monthly Income from Employment (deducting only state and federal taxes and FICA) \$ _____

Affiant's Pay Period (i.e., weekly, monthly, etc.) _____

Number of Exemptions Claimed _____

4. ASSETS

(If you claim or agree that all or part of an asset is non-marital, indicate the non-marital portion under the appropriate spouse's column and state the amount and the basis: pre-marital, gift, inheritance, source of funds, etc.).

Description	Value	Separate Asset of the Husband	Separate Asset of the Wife	Basis of the Claim
Cash	\$ _____	_____	_____	_____
Stocks, Bonds	\$ _____	_____	_____	_____
CD's/Money Market Accounts	\$ _____	_____	_____	_____
Bank Accounts (list each account):				
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
Retirement Pensions, 401K, IRA, or Profit Sharing	\$ _____	_____	_____	_____
Money owed you:	\$ _____	_____	_____	_____

Tax Refund owed you:	\$ _____	_____	_____	_____
Real Estate:				
Home:	\$ _____	_____	_____	_____
debt owed:	\$ _____	_____	_____	_____
Other:	\$ _____	_____	_____	_____
debt owed:	\$ _____	_____	_____	_____
Automobiles/Vehicles:				
Vehicle 1:	\$ _____	_____	_____	_____
debt owed:	\$ _____	_____	_____	_____
Vehicle 2:	\$ _____	_____	_____	_____
debt owed:	\$ _____	_____	_____	_____
Life Insurance (net cash value):	\$ _____	_____	_____	_____
Furniture/Furnishings:	\$ _____	_____	_____	_____
Jewelry:	\$ _____	_____	_____	_____
Collectibles:	\$ _____	_____	_____	_____
Other Assets:	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
Total Assets:	\$ _____	_____	_____	_____

5. A. AVERAGE MONTHLY EXPENSES

HOUSEHOLD

Mortgage or Rent Payments	\$ _____
Property Taxes	\$ _____
Homeowner/Renter Insurance	\$ _____
Electricity	\$ _____
Water	\$ _____
Garbage and Sewer	\$ _____
Telephone:	
Residential Line:	\$ _____
Cellular Telephone:	\$ _____
Gas	\$ _____
Repairs and Maintenance	\$ _____
Lawn Care	\$ _____

Pest Control	\$ _____
Cable TV	\$ _____
Misc. Household and Grocery items	\$ _____
Meals Outside the Home	\$ _____
Other	\$ _____

AUTOMOBILE

Gasoline and Oil	\$ _____
Repairs	\$ _____
Auto Tags and License	\$ _____
Insurance	\$ _____

OTHER VEHICLES

(boats, trailers, RVs, etc.)

Gasoline and Oil	\$ _____
Repairs	\$ _____
Tags and License	\$ _____
Insurance	\$ _____

CHILDREN'S EXPENSES

Child Care (total monthly cost)	\$ _____
School Tuition	\$ _____
Tutoring	\$ _____
Private Lessons (e.g., music, dance)	\$ _____
School Supplies/Expenses	\$ _____
Lunch Money	\$ _____
Other Educational Expenses (list)	\$ _____

\$ _____

\$ _____

Allowance	\$ _____
Clothing	\$ _____
Diapers	\$ _____
Medical, Dental, Prescription (out of pocket/uncovered expenses)	\$ _____
Grooming, Hygiene	\$ _____
Gifts from Children to Others	\$ _____
Entertainment	\$ _____
Activities (including extra-curricular, school, religious, cultural, etc.)	\$ _____
Summer Camps	\$ _____

AFFIANT'S OTHER EXPENSES

Dry Cleaning/Laundry	\$ _____
Clothing	\$ _____
Medical, Dental, Prescription (out of pocket/uncovered expenses)	\$ _____

Affiant's Gifts (special holidays) \$ _____
 Entertainment \$ _____
 Recreational Expenses (e.g., fitness) \$ _____
 Vacations \$ _____
 Travel Expenses for Visitation \$ _____
 Publications \$ _____
 Dues, clubs \$ _____
 Religious and charities \$ _____
 Pet Expenses \$ _____
 Alimony Paid to Former Spouse \$ _____
 Child Support Paid for other children \$ _____
 Date of Initial Order: _____
 Other (attach sheet)

OTHER INSURANCE

Health \$ _____
 Child(ren)'s Portion: \$ _____

Dental \$ _____
 Child(ren)'s Portion: \$ _____

Vision \$ _____
 Child(ren)'s Portion: \$ _____

Life \$ _____
 Relationship of Beneficiary: _____

Disability \$ _____

Other (specify): \$ _____

TOTAL ABOVE EXPENSES \$ _____

B. PAYMENTS TO CREDITORS

(please check one)

To Whom:	Balance Due	Monthly Payment	Joint Plaintiff	Defendant
----------	-------------	-----------------	-----------------	-----------

TOTAL MONTHLY PAYMENTS TO CREDITORS: \$ _____

C. TOTAL MONTHLY EXPENSES: \$ _____

Personally appeared before me, an officer authorized to administer oaths, the undersigned affiant, who upon being sworn, swears that he/she is legally competent to make this affidavit, that the affidavit is based upon personal knowledge, and that the contents of the affidavit are true.

Affiant

Sworn to and subscribed before me, this _____ day of _____, 20_____.

Notary Public

My commission expires: _____

INFORMATION FOR COMPLETING REQUIRED CHILD SUPPORT WORKSHEET

1. Child Support Worksheet is required by the State of Georgia.
2. Bibb County Judges ***require*** that the Child Support Worksheet be printed.
3. Complete the worksheet to the best of your ability. The Superior Court Clerk's Office **cannot** help fill out the forms.
4. Go to <https://csconlinecalc.georgiacourts.gov/> complete the form, submit it and print it out.
5. You **MUST** file the worksheet along with your case.

IN THE SUPERIOR COURT OF _____ COUNTY
STATE OF GEORGIA

Civil Action No. _____

Plaintiff

v.

Defendant

SUMMONS

TO THE ABOVE NAMED DEFENDANT:

You are hereby required to file with the Clerk of said Court and serve upon the plaintiff or plaintiff's attorney, whose name, address and email address are:

an answer to the complaint which is hereby served on you. **You must make your answer within 30 days after service of this summons upon you.** This time excludes the day of service. If you fail to answer, the court will issue a default judgment against you for the relief sought in the complaint.

If this action pertains to a Protective Order, the answer is to be filed and served on or before the scheduled hearing date attached.

This _____ day of _____, 20____.

Erica L. Woodford
Clerk of Superior Court

By _____
Deputy Clerk

[Attach addendum sheet for additional parties, if needed. You must make a notation on this sheet if used.]

SHERIFF'S ENTRY OF SERVICE

_____ County, Georgia

Civil Action No. _____

Superior Court ☐

Date Filed _____

State Court ☐

Attorney's address and email

Plaintiff(s)

v.

Name and address of party to be served

Defendant(s)

Garnishee

☐ **(PERSONAL)** I have this day served the defendant(s) _____ personally with a copy of the within action and summons and complaint.

☐ **(NOTORIOUS)** I have this day served the defendant(s) _____ by leaving a copy of the action and summons and complaint at the defendant's most notorious place of abode in this county.

I delivered the summons and complaint into the hands of _____ described as follows: Age, about ____ years; weight, about ____ pounds; height, about ____ feet and ____ inches, domiciled at the residence of the defendant(s).

☐ **(CORPORATION)** I served the defendant(s) _____, a corporation, by leaving a copy of the within action and summons and complaint with _____ in charge of the corporation's office and place of doing business of said corporation in this county.

☐ **(TACK & MAIL)** I have this day served the above styled affidavit and summons on the defendant(s) by posting a copy of the same to the door of the premises designated in said affidavit, and on the same day of such posting by depositing a true copy of same in the United States Mail, First Class in an envelope properly addressed to the defendant(s) at the address shown in said summons, with adequate postage affixed thereon containing notice to the defendant(s) to answer said summons at the place stated in the summons.

☐ **(NON EST)** I made a diligent search, and I did not find the defendant(s) _____ in the jurisdiction of this Court.

This _____ day of _____, 20____.

Deputy Sheriff

ATTACHMENTS

☐ Parenting Plan

☐ Child Support Order Addendum

☐ Case Disposition Form & 3907 Form

☐ Other _____



REPORT OF DIVORCE, ANNULMENT OR DISSOLUTION OF MARRIAGE • FORM 3907
(REVISED 12/2016)

PLEASE PRINT OR TYPE ALL INFORMATION LEGIBLY AND CORRECTLY BELOW.

REQUIRED INFORMATION

CIVIL ACTION NUMBER		DATE DECREE GRANTED (MONTH, DAY, YEAR)		COUNTY DECREE GRANTED	
FIRST NAME OF PARTY 1		MIDDLE NAME		LAST NAME	
				LAST NAME AT BIRTH	
DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF RESIDENCE		NUMBER OF THIS MARRIAGE (FIRST, SECOND, ETC.)	
FIRST NAME OF PARTY 2		MIDDLE NAME		LAST NAME	
				LAST NAME AT BIRTH	
DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF RESIDENCE		NUMBER OF THIS MARRIAGE (FIRST, SECOND, ETC.)	
SPECIFY GROUNDS FOR DIVORCE (19-5-3, OCGA)				NUMBER OF CHILDREN LESS THAN 18 AFFECTED BY THIS DECREE	

This above Report may be reproduced by use of a computer. However, the finished Report must be a close reproduction of the original, and prior review and approval must be obtained from the State Registrar before use. (31-10-7, O.C.G.A.)

31-10-22. Record of divorce, dissolutions, and annulments.

(a) A record of each divorce, dissolution of marriage, or annulment granted by any court of competent jurisdiction in this state shall be filed by the clerk of the court with the department and shall be registered if it has been completed and filed in accordance with this Code section. The record shall be prepared by the petitioner or the petitioner's legal representative on a form prescribed and furnished by the state registrar and shall be presented to the clerk of the court with the petition. In all cases, the completed record shall be a prerequisite to the granting of the final decree.

(b) The clerk of the superior court shall complete and forward to the department on or before the tenth day of each calendar month the records of each divorce, dissolution of marriage, or annulment decree granted during the preceding calendar month.

General Civil and Domestic Relations Case Disposition Information Form

☐ Superior or ☐ State Court of _____ County

For Clerk Use Only

Date Disposed _____
MM-DD-YYYY

Case Number _____

Case Style _____

Plaintiff(s)

Last	First	Middle I.	Suffix	Prefix
____	____	____	____	____
____	____	____	____	____
____	____	____	____	____
____	____	____	____	____

Defendant(s)

Last	First	Middle I.	Suffix	Prefix
____	____	____	____	____
____	____	____	____	____
____	____	____	____	____
____	____	____	____	____

Reporting Party _____

Plaintiff's Attorney _____

Bar Number _____

Self-Represented ☐

Defendant's Attorney _____

Bar Number _____

Self-Represented ☐

Manner of Disposition Check Only One

- ☐ Jury Trial
☐ Bench/Non-Jury Trial
☐ Non-Trial Disposition
☐ Alternative Dispute Resolution

- ☐ Check if any party was self-represented at any point during the life of the case.
- ☐ Check if the court ordered an interpreter for any party, witness, or other involved individual.
- ☐ Was the case referred/ordered to a court-annexed alternative dispute resolution (ADR) process?

eFile Registration & Quick Tips Guide

EMAIL: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE #: _____

TEMPORARY PASSWORD SETUP: Abcd1234

1. Account Registration & Setup Steps:

Register Your Account: Go to <https://efilega.tylertech.cloud> to create your profile.

Activate Account: Click the verification link sent to your email immediately to activate it.

Add Safe Sender: Add no-reply@efilingmail.tylertech.cloud to your email contacts to prevent notifications from going to spam. All case updates will come to your email.

Case Tracking & Portal: To view your case details anytime, log into <https://researchga.tylerhost.net> using your eFileGA email and password.

2. Preparing & Filing Your Case:

Document Preparation: Separate, scan, and save each of your documents to your computer as individual PDF files before uploading.

Submit Your Case: Visit efilega.tylertech.cloud to upload your documents and formally submit your case filing.

Need Assistance? For step-by-step Technical Help, visit the official support center at odysseyfileandservecloud.zendesk.com/hc/en-us.

Notice of Address Change: If your physical address or email address changes, you MUST file a formal 'Notice of Address Change' form directly with the Clerk's Office.

3. Important Notice for Poverty Affidavits:

• **If you are filing your case with a Poverty Affidavit:** You must wait until the Judge issues a decision on your Poverty Order *before* your case begins.

- **If Denied:** You must pay the full required filing fee to proceed with your case.

- **If Accepted:** Please follow the specific instructions below that apply to your exact case type.

4. Mandatory Next Steps After Your Case is Accepted (follow the steps that apply to the type of case you filed):

- ☐ **Cases Filed with an Agreement:** File your formal Request Letter 46 days after you receive the automated email notification that your case filings have been ACCEPTED.
- ☐ **Cases Filed with Sheriff Service:** File your Request Letter exactly 46 days after the Defendant has been served. You will receive an automated email notification notifying you of the date of service.
- ☐ **Adult Name Change Cases:** Download the electronic file-stamped 'Notice of Name Change' from your email. Provide this document to The Macon Reporter (478-994-2358) to run in the newspaper for 4 consecutive weeks. After 4 weeks have concluded, request the 'Publisher's Affidavit' from the Macon Reporter; E-File it into your case, and then file your Request Letter.
- ☐ **Minor Name Change Cases:** File your Request Letter only after you receive notification that your 'Publisher's Affidavit' has been accepted into your case.

To view your case details anytime, log into <https://researchga.tylerhost.net> using your eFileGA email and password.

Envelope #: _____

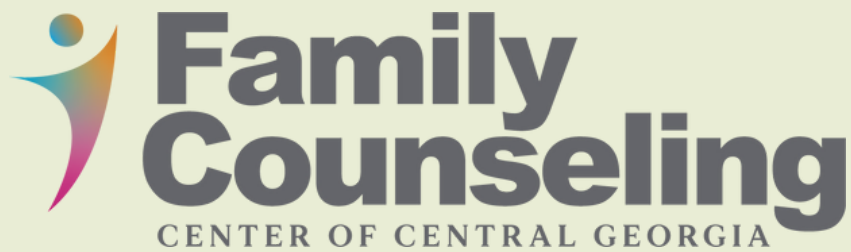
Case #: _____
(Assigned when case has been **accepted**)

Clerk Assisted: _____

Date: _____



SCAN HERE TO REGISTER



WE TAKE CARE OF

YOU & YOUR FAMILY'S
WELLBEING

Families in Transition (F.I.T.) is a class for parents of minor children who are going through a divorce, separation, change of custody, legitimization, or some other change in family structure.

Co-Parenting Focus

- Help children adjust to change
- Children developmental levels
- Appropriate behaviors
- Stages of grief
- Divorce statistics
- Finances
- Blended family challenges
- Resources

***Anyone may attend this class.**

***Classes are held TWICE a month, once online and once in-person.**



Requirements

- ✓ Parents must attend separate classes.
- ✓ Court-mandated for both parents of children 18 and under who are seeking a divorce.
- ✓ MUST register prior to start date- Registration includes \$40 fee and registration form (with Civil Action Number).
- ✓ To receive a certificate of completion ALL participants are required to complete a confidential survey at the end of each class.



277 Martin Luther King Jr.
Blvd., Macon, GA 32101

(478)745-2811

Clase De Crianza Compartida En Línea

<https://www.OnlineParentingPrograms.com>



Clase: Crianza Compartida En Línea

Clase de aprendizaje autónomo, educativa, en línea para los padres en proceso de divorcio/separación que nunca contrajeron matrimonio

Disponible en Inglés o Español

Visite el sitio web para precios de clase.



Regístrate en línea



Asiste en cualquier momento



Pone en pausa & vuelve a la clase



Descarga el certificado inmediatamente después de terminar la clase.

Descuentos disponibles para personas con bajos ingresos

También Proporcionamos Clases De Crianza Compartida En Los Casos De Alto Conflicto



**Online
Parenting
Programs**

Ofrecemos programas con descuentos para padres elegibles. Puedes encontrar información en línea: www.onlineparentingprograms.com/financial-assistance.html

<https://www.OnlineParentingPrograms.com>

Online Co-Parenting Class

<https://www.OnlineParentingPrograms.com>



Class: Online Co-Parenting

Self-directed, online educational class for divorcing/separated or never married parents.

Available in English or Spanish

Check website for class pricing.



Register online



Attend anytime



Pause & resume



*Immediately
download certificate
upon completion.*

Low-Income/Indigent Discounts Available

Also Offering: **Online Parenting Skills
& High Conflict Co-Parenting Classes**



**Online
Parenting
Programs**

Have Questions?

Call (866) 504-2883 or email us at:
support@onlineparentingprograms.com

<https://www.OnlineParentingPrograms.com>